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Please find below and/or attached an Office communication concerning this application or proceeding.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment filed 21 April 2006. Claims 1-23 have been cancelled. Claims 24-46 have been newly added. The IDS statement filed 19 December 2005 has been entered and considered. Claims 24-46 remain pending.

Claim Objections

2. Claims 25 and 41 are objected to because of the following informalities:
- claim 25 recites “wherein the steps of receiving each includes” in lines 1-2. For the purpose of applying art, Examiner assumes claim 25 to read “wherein the steps of receiving each selection includes;” and
 - claim 41 recites “wherein the s system” in line 1. For the purpose of applying art, Examiner assumes claim 41 to read “wherein the system, ”
- Appropriate correction is required.

Claim Rejections - 35 USC § 103

3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

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4. Claims 24-26, 29-35, 37-42, 44-46 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lewis et al., U.S. Patent Application Publication Number 2001/0041992 in view of Jones et al., U.S. Patent Number 6, 516, 324.

(A) As per newly added claim 24, Jones teaches a method of generating a patient report comprising:

presenting reports, each report being associated with a plurality of organs and containing medical descriptions of the associated organs (Lewis; Figure 4A, , Figure 4B, Figure 5A, Figure 5B, paragraphs [0009]-[0010], [0049]- [0050], [0053], [0061], [0086]);

receiving selection information indicative of a selected report (Lewis; Figure 4A, paragraphs [0049]-[0050], [0053], [0061]);

presenting an organ list of associated organs corresponding to the selected report (Lewis; Figure 4A Item 404, paragraphs [0033], [0059], [0064]);

for each associated organ presenting a list of applicable medical descriptions and receiving a selected applicable medical description, wherein the selected applicable medical description is associated with said each associated organ (Lewis; Figure 4A, Figure 5A, Figure 5B, Figure 5C, paragraphs [0007]-[0010], [0050], [0056], [0085]-[0086]); and

outputting a “treatment plan” (reads on “patient report”) comprising the selected report (Lewis; Figure 4H, Item 486, paragraphs [0050], [0053], [0056], [0068], [107], [116]).

Although Lewis teaches “reports ... stored in the anatomic database” (Lewis; paragraph [0049], Lewis fails to explicitly disclose presenting a list of reports.

However, the above features are well-known in the art, as evidenced by Jones.

In particular, Jones teaches a method comprising presenting a list of reports (Jones; Figure 3, column 7, lines 26-38, column 6, lines 63-64).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the method of Lewis to include these limitations, as taught by Jones, with the motivations of providing “data access flexibility, an intuitive user interface and exceptional report data retrieval and display performance” while allowing users to “specify all of the report content parameters and display the report on a single screen” (Jones; column 3, lines 18-20, 31-32).

(B) As per newly added claims 25-26, 29-32, Lewis and Jones teach a method as analyzed and discussed in claim 24 above,

wherein the steps of receiving each includes receiving input from an operator (Lewis; Figure 5B, paragraphs [0007]-[0010]);

further comprising receiving a composed medical description and associating the composed medical description to one of the associated organs corresponding to the selected report (Lewis; paragraphs [0007]-[0010], [0048]-[0050], [0085]- [0086]);

wherein outputting a patient report comprises outputting a medical description each associated organ corresponding to the selected report (Lewis; Figure 5B, Figure 5C, paragraphs [0007]-[0010], [0050], [0085]- [0086]);

wherein the list of reports includes radiology reports (Lewis; paragraphs [0049], [0061], [0116]);

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wherein the list of reports is presented in a “point and click” or pop-up menu (Lewis; Figure 4H, Item 486, Figure 4I, Item 496, paragraphs [0110]-[0111]), (Jones; column 7, lines 29-35); and

wherein the list of applicable medical descriptions is presented in a pop-up menu (Lewis; Figure 4H, Item 486, Figure 4I, Item 496, paragraphs [0032]-[0033], [0048]-[0050], [0110]-[0111]).

The motivations for combining the respective teachings of Lewis and Jones are as given in the rejection of claim 24 above, and incorporated herein.

(C) As per newly added claims 33-35, 45, Lewis and Jones teach a method as analyzed and discussed in claim 24 above,

wherein outputting a patient report includes printing out the patient report (Jones; column 13, lines 38-39);

wherein outputting a patient report comprises displaying the patient report on a computer screen (Lewis; paragraph [0050]), (Jones; column 13, lines 40-42);

wherein the organ list is presented in its entirety on a screen (Lewis; Figure 4H), (Jones; Abstract, column 3, lines 30-32); and

wherein the organ list comprises a subset of an organ list corresponding to the list of reports (Lewis; Figure 4A Item 404, paragraphs [0033], [0059], [0060], [0064]).

The motivations for combining the respective teachings of Lewis and Jones are as given in the rejection of claim 24 above, and incorporated herein.

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(D) Claim 37 differs from method claim 24, in that it is a system rather than a method for generating a patient report.

System claims 37-42, 46 repeat the subject matter of claims 24, 24, 32, 26, 31, 35, 45, respectively, as a set of elements rather than a series of steps. As the underlying processes of claims 24, 24, 32, 26, 31, 35, 45 have been shown to be fully disclosed by the teachings of Lewis and Jones in the above rejection of claims 24, 24, 32, 26, 31, 35, 45, it is readily apparent that the system disclosed by Lewis and Jones includes the apparatus to perform these functions. As such, these limitations are rejected for the same reasons given above for method of claims 24, 24, 32, 26, 31, 35, 45, and incorporated herein.

(E) Claim 44 differs from method claim 24 by reciting a “computer user interface...” in the preamble. As per this limitation, Lewis’s system is inherently implemented on a computer, as it is directed to a computer-based system for accessing healthcare information (Lewis; paragraph [0012]) and contains use of a Web browser that displays Web pages that are generated by the anatomic user interface (Lewis; paragraph [0038]). As such, Lewis implicitly includes computer elements such as a computer user interface. The remainder of claim 44 repeats the limitations of claim 24, and is therefore rejected for the same reasons given above for claim 24.

5. Claims 27-28, 36, and 43 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lewis et al., U.S. Patent Application Publication Number 2001/0041992 and Jones et al., U.S.

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Patent Number 6, 516, 324 as applied to claims 24 and 26 above, and further in view of Vining et al., U.S. Patent Number 6, 819, 785.

(A) As per newly added claims 27 and 28, Lewis and Jones teach a method as analyzed and discussed in claims 24 and 26 above.

Lewis and Jones fail to explicitly disclose wherein receiving a composed medical description includes

editing a standard medical description; and
receiving user provided comments.

However, the above features are well-known in the art, as evidenced by Vining.

In particular, Vining teaches a method wherein receiving a composed medical description includes

editing a standard medical description (Vining; column 4, lines 30-31, column 6, lines 31-41, 64-67); and

receiving “annotated” (reads on “user provided”) comments (Vining; column 7, lines 24-29).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the combined teachings of Lewis and Jones to include these limitations, as taught by Vining, with the motivations of providing a reporting system which offers a standardized report format, enables consistency among reports, accounts for effective information flow, provides for quick turnaround of information to the end-user, and supports data mining for public health statistics and yet enables the final report presentation to be further

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customized to satisfy the needs of the clinician (Vining; column 1, line 62 to column 2, line 1, column 2, lines 44-46).

The motivations for combining the respective teachings of Lewis and Jones are as given in the rejection of claim 24 above, and incorporated herein.

(B) As per newly added claim 36, Lewis and Jones teach a method as analyzed and discussed in claim 24 above.

Lewis and Jones fail to explicitly disclose further comprising generating a billing report associated with the selected report.

However, the above features are well-known in the art, as evidenced by Vining.

In particular, Vining teaches a method further comprising generating a billing report associated with the selected report (Vining; Abstract, column 2, lines 11-16, column 19, lines 25-26).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the combined teachings of Lewis and Jones to include these limitations, as taught by Vining, with the motivations of providing a reporting system that provides for quick turnaround of information to the end-user and of expediting hospital billing and collections (Vining; column 1, line 62 to column 2, line 1, column 2, lines 15-16).

(C) System claim 43 repeats the subject matter of claim 36 respectively, as a set of elements rather than a series of steps. As the underlying processes of claim 36 have been shown to be fully disclosed by the teachings of Lewis, Jones and Vining in the above rejection of claim

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36, it is readily apparent that the system disclosed by Lewis, Jones and Vining includes the apparatus to perform these functions. As such, these limitations are rejected for the same reasons given above for method claim 36, and incorporated herein.

Response to Arguments

6. Applicant's arguments filed 21 April 2006 have been fully considered but they are not persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they appear in the response filed 21 April 2006.

(A) Applicant's arguments on page 6 of the response filed 21 April 2006 with respect to claims 24, 37, and 44 have been considered but are moot in view of the new ground(s) of rejection.

(B) With respect to Applicant's arguments on page 7 of the response filed 21 April 2006 with respect to claims 24, 37, and 44 regarding Applicant's assertion that "Lewis clearly recites selecting an organ before any kind of information (e.g. CPT codes) is presented," and that therefore this does not teach the limitations of claims 24, 37, and 44, Examiner notes that the broad language of the recited claims does not preclude the "drilling down" described by the Lewis invention. Examiner further notes that Lewis teaches "[w]hen viewed in the aggregate, the order information stored in the patient database 97 for each patient produces a medical history for the patient. Since the order information stored in the patient database 97 is associated with a

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particular anatomic structure, the order information, and thus a patient medical history, can be accessed in an anatomic context by the user and displayed by the anatomic user interface 58”

(Lewis, paragraph [0054]); Examiner interprets this as teaching the argued limitations.

Conclusion

7. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a).

Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

8. **Any response to this final action should be mailed to:**

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For formal communications, please mark
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For informal or draft communications, please label
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9. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Natalie A. Pass whose telephone number is (571) 272-6774. The examiner can normally be reached on Monday through Thursday from 9:00 AM to 6:30 PM. The examiner can also be reached on alternate Fridays.

10. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas, can be reached at (571) 272-6776. Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the Receptionist whose telephone number is (571) 272-3600. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

11. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).


Natalie A. Pass

July 5, 2006


JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER